

CITY OF ROCHESTER
CERTIFICATE OF USE APPLICATION

NET - Department of Code Enforcement

30 Church Street - 007A

Rochester, New York 14614

To be completed by Business Owner and/or Operator:

Page 1 of 2

Business Name: _____ Business Phone: { } - _____ RENEWAL
Business Operator: _____ NEW

Business Address: _____ Zip: _____

Business Type: _____ F = Food Store R/S = Retail Store S = Barber Shop/Salon
R = Restaurant B = Bar B/R = Bar/Restaurant
L = Laundromat D = Drug Store

Other Related Licenses: _____ Type: _____ Number: _____
(i.e. Liquor, Entertainment,
Amusement Center, Pawn Broker,
Secondhand Dealer) _____

SS #: _____ Date of Birth: ____/____/____

Business Owner and/or Corporation/Partnership {If other than operator}: _____

Owner/Operator

Home Address: _____ Home Phone: _____

Zip: _____

Partner 1: _____ Partner 2: _____

{ALL CERTIFICATES WILL BE MAILED TO THE BUSINESS ADDRESS}

Property Owner: _____

Address: _____ Zip: _____

I understand that false statements made on this application may result in the denial or revocation of the Certificate of Use.

Business Operator Signature: _____ **Date:** _____

{FOR CITY USE ONLY}

FEE: New: \$100.00 _____ Renewal: \$10 _____ Form of Payment: _____ Photo Date: _____

Photo #: _____

NET ADMINISTRATOR & NET LIEUTENANT: {ATTACH C OF U APPROVAL FORM}

Clerk Register #: _____

RFD/Fire Safety: _____ Date: _____ {Required for new places of assembly only}

DCD ZONING: _____ Date: _____ {New applications &/or nonconforming uses only}

Legal Use _____

Approved Hours of Operation: _____ AM/PM to _____ AM/PM

Approved MAXIMUM Occupancy: _____ {Bars/Restaurants}

NET CODE ENFORCEMENT

DATE OF INSPECTION: _____ TIME: _____

VIOLATIONS

NET INSPECTOR: _____ DATE: _____ Yes _____ No _____

Current C/O Yes _____ No _____ Date _____

Open cases Yes _____ No _____

Nuisance Points Yes _____ No _____ # Points _____

Active Permits Yes _____ No _____

MCBB Judgements Yes _____ No _____

Delinquent Taxes Yes _____ No _____

The required approvals must be signed and dated by the appropriate staff before a C of U will be issued.

Date of Approval: _____ C of U #: _____

Have you, anyone currently residing with you, or any of your employees operated any other business in the City of Rochester which was required to obtain a Certificate of Use or any Business License.

Yes _____ No _____

If yes please list any and all businesses and any and all operators below:

Name of Business _____

Address _____

Owner/Operator _____

Year Business Started _____

Year and Reason Closed _____

Name of Business _____

Address _____

Owner/Operator _____

Year Business Started _____

Year and Reason Closed _____

DOCUMENTS REQUIRED TO OBTAIN A CERTIFICATE OF USE

_____ Updated Drivers License or (Photo ID issued by Motor Vehicle Department)

_____ Social Security Card

_____ A copy of any and all Licenses which are required for the business

_____ * Passport/Green Card - INS ID
(If SS Card has restrictions)

_____ * Copy of Home or Cell phone bill sent to home address
(If home phone number is not listed in the phone book)

_____ * Copy of Lease
(If non-owner occupied business)

_____ * Copy of business transaction
(If business was purchased)

_____ * Other _____

* Items required only when necessary

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